## 04415 Alaska Department of Revenue Permanent Fund Dividend Division

Adult Information	
<b>Change/Addition Form</b>	n

FD Division Use Only
FD ALN:

Use this form to report a change in your name or add or correct your SSN with the Permanent Fund Dividend (PFD) Division. The PFD Division will apply the change or addition to current year records and any other prior year records that are still active. Attach a letter if you want this change applied differently. If you have a myAlaska account, log on to myAlaska to update name changes in your profile in addition to completing this form.

First Name as last reported to Pf	FD .	MI	Last Name as last reported to PFI	D			
Social Security Number		Date of Birth	Daytime Telephone Number	Message Telephone Number			
Change my F	irst Name to						
Change my M	liddle Initial to						
Change my Last Name to							
Add my SSN as follows							
Correct my SSN to							
Change my date of birth to							
I certify that I am authorized to make the changes listed above. If I did not file for the adult above, I must attach a Power of Attorney. All adults must sign for themselves.							
SIGNATURE IS	Signature		Date	Date			
REQUIRED	Printed name of the person who signed		Social Security Number	Social Security Number			
Email Address							

Send this completed form to:

Permanent Fund Dividend Division PO Box 110462 Juneau, AK 99811-0462

Phone (907) 465-2326 Fax (907) 465-3470

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